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FROMMER LAWRENCE & HAUG LLP**745 Fifth Avenue
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To: Commissioner for Patents
Examiner Huynh, Son P.

Firm: U.S. Patent and Trademark Office
Art Unit 2623

Facsimile: (571) 273-8300

From: Thomas F. Presson

Date: September 19, 2006

Re: FLH Ref No.: 450100-02714
Serial No: 09/663,501

Number of Pages: 12
(including cover page)

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00323841

PATENT
450100-02714 RECEIVED
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Makoto Korehisa, et al.
Serial No. : 09/663,501
Filed : September 15, 2000
For : BROADCAST PROGRAM INFORMATION PROCESSING APPARATUS
Examiner : Huynh, Son P.
Art Unit : 2623
Confirmation No. : 2807

745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Percent extra	(6) Rate	(7) Additional Fee
Total claims	9	Minus	** = 20	* 0 x	\$50 (25)	= \$ 0
Independent claims	1	Minus	*** = 3	* 0 x	\$200 (100)	= \$ 0
Total additional fee for this amendment						\$ 0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$360(180) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$_____ is attached, which covers the cost of ☐ additional claims _____ petition for extension of time.
- ☐ Charge \$_____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being transmitted via facsimile to (571) 273-8300 on September 19, 2006.

Barner Shindiman

(Name of person signing transmittal)



Signature

September 19, 2006

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants



By: Thomas F. Presson
Reg. No. 41,442
Tel: (212) 588-0800

U.S. Patent No. 09/663,501
Reply to Final Office Action dated July 21, 2006

PATENT
450100-02714

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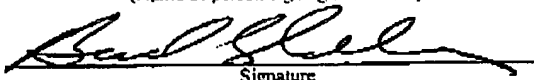
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Barnet Shindlman

(Name of person signing transmittal)



Signature

September 19, 2006

Date of Signature

RESPONSE UNDER 37 C.F.R. §1.116

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Final Office Action mailed on July 21, 2006, having a three-month statutory period for response set to expire on October 23, 2006 (October 21 being a Saturday), please consider the following remarks.

U.S. Patent No. 09/663,501
Reply to Final Office Action dated July 21, 2006

PATENT
450100-02714

A Listing of the Claims begins on page 3 of this paper.

Remarks/Arguments begin on page 6 of this paper.

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